## BIRCH, STEWART, KOLASCH & BIRCH, LLP

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING P O. Box 747 • Falls Church, Virginia 22040-0747 Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

## COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled.

Insert Title:	METHOD FOR ISOLATING IN VITRO DIFFERENTIATED SOMATIC CELLS							
Fill in Appropriate	the specification of w	hich is attached hereto. If no	Lattached bereto					
Information -	the specification	/.t. paralically	25					
For Use Without	United States A <sub>I</sub>		as					
Specification	and amended or	(if applicable	and/or					
Attached:	the specification		(if applicable) and/or as PCT					
	mærnanonai Ap	plication Number PCT/EPO	1/03412		<i></i>	and was		
	Bill Hace (II)				(ıf ap	plicable)		
	I acknowledge t	at I have reviewed and und ndment referred to above. he duty to disclose inform.	erstand the content atton which is mat	ts of the above-identified specification is to patentability as define	ication, including d in Title 37, Cod	the claims, a le of Federa		
: ### 	I do not know an	rica before my or o	our invention					
	I do not know and do not believe the same was ever known or used in the United States of America before my or our invention thereof, or patented or described in any printed publication in any country before my or our invention thereof or more than one year prior to this application, that the same was not in public use or on sale in the United States of America more than one year prior to this application, that the invention has not been patented or made the subject of an inventor's certificate issued before the date of this application in any country foreign to the United States of America on an application filed by me or my legal representative or assigns more than twelve months (six months for designs) prior to this application, and that no application for patent or inventor's certificate on this invention has been filed in any country foreign to the United States of America prior to this application by me or my legal representatives or assigns, except as follows.  I hereby claim foreign priority benefits under Title 35, United States Code, \$119(a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for inventor's certificate having a filing date before that of the application on which priority is claimed.							
Three rent	or inventor's certificate a filing date before that	reign priority benefits under the last of the application on which	r Title 35, United S identified below ar i priority is claimed	tales Code, \$119(a)-(d) of any fi ny foreign application for patent i	oreign application or inventor's certi	(s) for patent ficate having		
Insert Priority	Prior Foreign Appli	cation(s)			Priority C	laimed		
Information:	100 14 690 2	GERMANY	M	arch 24, 2000	M			
(if appropriate)	(Number)	(Country)		fonth/Day/Year Filed)	⊠ Yes	LJ No		
	(Number)	(Country)		Ionth/Day/Year Filed)	☐ Yes	□ No		
in and a					<u></u>			
Transp. Transp.	(Number)	(Country)		ionth/Day/Year Filed)	Yes	∐ No		
	(Number)	(Country)	( <u>M</u>	onth/Day/Year Filed)	☐ Yes	□ No		
	I hereby claim the bene	fit under Title 35, United Sta	ites Code, §119(e) o	fany United States provisional o	applications(s) liste	ed below		
Insert Provisional Application(s):	(Application Number) (Filing Data)			(Filing Date)				
(if any)								
	(Application Number) (Filing Date)							
	All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Prior to the Filing Date of This Application:							
	Country	Application	n Number	Date of Filing (Montl	ı/Day/Yeaı)			
Insert Requested Information: (if appropriate)								
	application in the manne information which is ma	or provided by the first para	graph of Title 35, U	ny United States and/or PCT ap on is not disclosed in the prion Juited States Code, §112, I ackn , Code of Federal Regulations, § unternational filing date of this a	owledge the duty	nd/or PCT		
Insert Prior U.S. Application(s): (if any)	(Application Number)	(Filing Date		(Status - patented, per		_		
Page 1 of 2	(Application Number)	(Filing Date)	)	(Status - patented, per	iding, abandoned)	ad *- , 1990.00		

I hereby appoint the practitioners at CUSTOMER NO. 2292 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Palent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary.

Send Correspondence to:

## BIRCH, STEWART, KOLASCH & BIRCH, LLP or CUSTOMER NO. 2292

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of First or Sole Inventor: lasert Maine of Inventor lasert Date This   — Document is Signed	GIVEN VAME/FAMILY NAME	INVENTOR'S SIGNATURE	9	7-2-200Z				
Insert Date This Document is Signed	Wolfgang M. FRANZ	John John	CITIZENSH					
Insert Residence	Residence (City, State & Country)	/ " / /		<b>1</b> 3				
Insert Citizenship	Wessling GERMANY DEX	GERMAN						
Insert Post Office Address	MAILING ADDRESS (Complete Street Address including City, State & Country)							
i die diene	Gautinger Str. 15 82234 Wessling, GERMANY							
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Full Name of Third Stagemen, it any: Stage see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*				
State office office	Residence (City, State & Country)	CITIZENSI IIP						
Thurst Street	MAILING ADDRESS (Complete Street Address including City, State & Country)							
Full Name of Fourth Inventor, if any see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*				
	Residence (City, State & Country)	CITIZENSHIP						
	MAILING ADDRESS (Complete Street Address including City State & Country)							
Full Name of Fifth Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*				
	Residence (City, State & Country)	CITIZENSHIP						
	MAILING ADDRESS (Complete Street Ad	ldress including City, State & Country)						
Full Name of Sixth Inventor, if any: see obuve	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*				
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